



INDIANA ELIGIBILITY MODERNIZATION

Common Voluntary Community Assistance Network (V-CAN) Questions & Answers

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FSSA and the IBM-led Coalition received the following questions during informational meetings and V-CAN training sessions held throughout the state. If you have additional questions, please contact the IBM-led Coalition at vcn@us.ibm.com.

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I. Applying for Benefits

A. Internet Screening

1. Can an applicant print a blank paper application without completing the screening?

Yes. Applicants can print blank paper applications without completing the screening or online application; however, applications are printed with a case-specific bar-code, so applications should never be photocopied and distributed to multiple applicants.

2. Can an applicant choose the programs to apply for at the beginning of the screening?

Applicants may choose the programs to apply for after the screening is completed, or before they begin the online application.

3. How does the online application screening determine the appropriate type of Medicaid?

The online application includes necessary questions to determine Medicaid eligibility under the category of Medicaid that provides the most benefit with the fewest documentation requirements and will accommodate specialty requirements such as long term care and Home and Community Based Services (HCBS) waivers.

4. Does each screen of the Internet Application have help for applicants?

Yes. "Help" instructions are available.

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B. Application Process

1. How does the Indiana Eligibility Modernization project streamline the application process?

Additional methods of applying for assistance (such as starting an application online or over the phone) and submitting application documentation (through FAX or mail) allow applicants to reduce the number of visits to a local DFR office. A picture of the application process after Modernization can be found at www.in.gov/fssa, click on "Eligibility Modernization" and "Communications" and select "Application Process after Modernization." NOTE: Application processing begins when a signed application is received by the FSSA Service Center.

2. If a family is assisting an elderly family member with an application for Medicaid, can they initiate the application process through the Internet?

Yes, the applicant or Authorized Representative can start the Medicaid application on the Internet and conduct the application interview over the phone when an Authorized Representative form is received with the application or prior to the interview.

3. Have the application questions and format changed?

The application has changed to make it more user-friendly in the online question and answer format. The application also contains additional questions not included on the old paper application.



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4. What triggers the date of application?

The date a valid application (containing name, address, program choice and signature) is received by the FSSA Service Center, or the date an application is "date stamped" at a local DFR office is the official date of application. Note: If an application is date stamped at a local office and FAXed to the FSSA Service Center, the date stamp will override the FAXed date.

5. When entering income information into the application, should applicants use gross or net income?

When including income information in the screening or application, applicants should use gross income and use the date of their most recent payment.

6. Has the application processing time remained the same?

Yes. The 30, 45 or 90 day application processing requirements are still in place.

7. When recording medical expenses, how far back should applicants provide expenses?

Applicants can include outstanding medical bills and current medical expenses including prescription drug costs. Clarification of these expenses can be provided during the application interview.

8. Has eligibility processing for Long Term Care services changed under the new system?

Nursing home specialists will process nursing home applications at the FSSA Service Center.

9. How much of the application can be filled out online versus being completed by hand (by the applicant)?

The entire application, except for the applicant signature, can be completed online. FSSA and the IBM-led Coalition are working on developing an electronic signature in spring 2009 that will allow an applicant to sign his/her application online, when completing the online application.

10. Is the application saved so that the applicant information can be modified if the applicant is notified that something was incorrect or incomplete on the application?

Information provided during the Internet Screening is not saved; however, once an applicant starts the online application, s/he will receive a confirmation number that allows them to save the information provided and complete the online application at a later date. Once an application is submitted, it becomes part of an electronic case file and the applicant cannot make changes online. However, changes to an applicant's information can be made during the interview, submitted by mail or FAX to the Service Center as well as by contacting the FSSA Call Center or local DFR office. The applicant is notified by mail of additional information needed to complete application processing.

11. How long does it take to complete the online application?

Typically the length of time required to complete the online application depends on how many members are in the applicant's household and how long it takes to find the information about their household they need while completing the application.



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12. Is there a time provision for a partially completed application to be saved in the system, if an applicant is completing the online application?

A partially-completed online application may be saved in the system for 30 days.

13. How can Residential Care Assistance Program (RCAP) applications be completed in the new system?

Room and Board Assistance applications are processed after the application is received through the FSSA Service Center. The Indiana Application for Assistance includes a question to indicate that the applicant lives in a special setting (the type of setting should be selected on the application). An application for the Residential Care Assistance Program (State Form 37113), should also be completed and attached to the Indiana Application for Assistance for processing.

14. Should the 251A and 251B forms be completed with the application?

No. The Determination of Medicaid Disability Authorization for Release of Medical Information (251A) and Social Summary (251B) are specific to Medicaid Disability applications. The 251A is sent to the medical provider for completion and the 251B is completed by the Eligibility Specialist or State Worker during the application interview.

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C. Application Packet

Indiana Application for Assistance

1. Are materials printed in Braille?

No, materials are not printed in Braille. Applicants or their Authorized Representatives can schedule a phone or in-person interview with a caseworker to apply.

2. Is an electronic signature option available for applicants completing the online application?

Currently, a physical signature is required on the Indiana Application for Assistance; however, FSSA and the IBM-led Coalition are working toward implementing an electronic signature for the online application in spring 2009.

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Document Coversheet

1. When should an applicant or client use a Document Coversheet?

A case-specific, bar-coded Document Coversheet is provided to applicants and clients when 2032 Pending Verification notices and other forms are mailed. An applicant or client may also print a case-specific, bar-coded Document Coversheet from the online case status tool.

A case-specific bar-coded Document Coversheet should be used when submitting supporting documentation, letters or statements to the FSSA Service Center. NOTE: A



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Document Coversheet is NOT needed to submit a Babygram (birth confirmation) or Authorized Representative form.

2. What is the process for submitting liability deviations to the FSSA Service Center?

Clients or Authorized Representatives may submit a liability deviation to the FSSA Service Center by FAX, using a case-specific, bar-coded Document Coversheet (recommended) or a coversheet with the client's full name and case number or Social Security Number. Information regarding a liability deviation may also be submitted by clients or Authorized Representatives using the online change reporting tool.

3. What is the process for a third party, who may not have contact with a client (i.e., doctor's office, pharmacy, etc.), to file a liability deviation?

A provider-generated bill, or copy of a bill, should be submitted to the FSSA Service Center. This bill must indicate the date and type of service that was provided and must show the amount that the recipient owes after any third party has paid. If the recipient has third party insurance that does not show as a payer on the bill, the recipient or provider must submit either an Explanation of Benefits (EOB) documenting denial of payment or some other documentation of why the insurance was not billed or did not pay (see Indiana Program Policy Manual, section 3455.15.10). If possible, the third party should submit the bill with a case-specific, bar-coded Document Coversheet. If a Document Coversheet is not available, the third party may write the client's first and last name and date of birth or last four digits of his/her Social Security Number on the bill.

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Notice of Rights and Responsibilities

1. Does the Notice of Rights and Responsibilities have to be signed and returned for Food Stamp applications?

A Summary Notice of Rights & Responsibilities is given to each applicant who applies for Cash Assistance (TANF), Food Stamps and Health Coverage. A signed Indiana Application for Assistance acknowledges receipt of the Summary Notice of Rights and Responsibilities.

Supporting Documentation

1. Do applicants have to send in hardcopies of required documents if they FAX in copies?

Hardcopies of required documents are not required after an applicant has FAXed the required documents to the FSSA Service Center.

2. If an applicant submits original documents to support their case, will the originals be returned?

Applicants are encouraged to submit copies of supporting documentation, rather than originals. Some original documents, such as birth certificates, will be returned to the applicant if submitted to the FSSA Service Center. If an applicant has a question about the types of original documents that will be returned, s/he may contact the FSSA Call Center and speak with a Call Center Representative.



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3. How long are documents stored at the Service Center?

Documents received at the FSSA Service Center are scanned and stored electronically. Once scanned, the paper documents are stored for two days and then shredded.

4. Does the FSSA Service Center process supporting documents submitted on the due date?

Supporting documentation for an application or redetermination may be FAXed to the FSSA Service Center on the date the solicited documents are due (the due date is printed on the 2032 Pending Verifications notice mailed to applicants and clients). However, since there is processing time to scan the image and create a task for the inbound documents, it is possible a case closure action may be in progress by the time the documents are received which will require additional action to reopen the case. To avoid any delays of this nature, we encourage you to return the requested information prior to the due date.

5. The Deficit Reduction Act (DRA) states that birth certificates cannot be required to be resubmitted once provided by a client. Do clients have to resubmit birth certificates in the new system?

No. When documentation exists in the ICES case confirming a Medicaid recipient's proof of birth was verified in the past, verification of birth is not required after the new system is rolled out.

6. When income is verified by comparing income information from the applicant to a credit bureau's records, is the applicant's credit rating used by FSSA or the IBM-led Coalition?

The applicant's credit rating is not collected from the credit bureaus.

7. How are verification-related documents handled, such as financial documents, deeds, and birth certificates?

Verification document requirements do not change as a result of eligibility modernization. Clients may provide copies of verification documents by mail, FAX, or in person at a local DFR office. These documents may be sent with the application or after the application is submitted. If original documents such as birth certificates or Social Security Cards are mailed to the FSSA Service Center, they are returned to the applicant.

8. How can a Medicaid applicant request spousal impoverishment when completing the online application?

If an applicant is applying for nursing home care, spousal impoverishment will be considered when a completed Medicaid application is submitted to the FSSA Service Center.

9. When income is verified, will the applicant's income information be provided to agencies such as the Indiana Department of Revenue (IDOR) and used for purposes other than the public assistance application?

Client income and resource data is not provided to the IDOR. The exchange with the IDOR provides FSSA with information regarding potentially unreported resources or



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earnings.

10. Is there a difference between a "first of the month bank balance" and a bank statement when submitting solicited documents to the FSSA Service Center?

Based on the type of program an applicant applies for (i.e., Food Stamps, Cash Assistance or Health Coverage), a bank statement showing the balance at the first of the month or a bank statement may be required. The program requirements are outlined in the Indiana Program Policy Manual, section 2605.20.00. For Food Stamp applications, the eligibility determination is based on the available resources on the date of the interview. For Cash Assistance and Health Coverage applications, eligibility determination is based on resources owned as of the first day of the month.

11. What is the process for requesting the extension of a due date for supporting documentation?

An applicant, client or his/her Authorized Representative may call the FSSA Call Center to request an extension to the due date of supporting documents. An extension may be granted, based on the case circumstances.

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Medical Records

1. Who can sign the medical records that are submitted with Medicaid applications?

Medical Records must be signed (physically or electronically) by the following providers: MD, DO, PsyD, PhD, or HSPP.

2. Can a cover letter be signed by the doctor stating they are the supervising physician, when documentation is electronically signed and by a Nurse Practitioner?

No. Attaching a letter with the signature of the physician who supervises a Nurse Practitioner is not an acceptable signature for medical records.

3. What is the process for completing an accelerated Medicaid application?

Accelerated Medicaid disability cases will be identified during the application interview and the case will be flagged for accelerated disability determination.

4. What is the best method to submit medical records for applications submitted to a local office before implementation of the new system?

Medicaid disability applications that were pending prior to regional implementation will be processed at the FSSA Service Center. Documents related to a disability Medicaid application should be mailed or FAXed to the FSSA Service Center or dropped off at a local DFR office.

All other applications that were pending prior to the regional implementation (non-Medicaid disability applications) will be handled at the local DFR offices. Documents related to those applications should be dropped off at the local DFR office. These applications will be handled in the local DFR offices until processing is complete.

5. Is it possible for agencies to FAX directly to Medical Review Team?

No. Documents should be FAXed to the FSSA Service Center. FSSA will forward the



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application and supporting documentation to the Medical Review Team.

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D. Application Interview Process

1. Do applicants/clients still need appointments for interviews in local DFR offices?

If an applicant requests an in-person application or redetermination interview at a local office, s/he will be scheduled for an office interview. In-person application interviews may be requested on the Indiana Application for Assistance or by calling the FSSA Call Center.

2. How do clients know when they should expect a call from an Eligibility Specialist to set up an interview?

Application and redetermination interview notices are mailed to the applicant. The interview notice includes the date of the phone interview as well as a two-hour window in which the phone interview will occur. NOTE - This does not apply to interviews for Expedited Food Stamps. Applicants potentially eligible for Expedited Food Stamp services are contacted immediately and scheduled for an in-person interview at a local DFR office.

3. Is an interview required for a TANF or Medicaid application? If so, when and how?

Interviews are required for TANF and Medicaid; however, they will be conducted over the phone in most cases. In-person interviews may be conducted at the applicant's request.

Once an application is received and reviewed at the FSSA Service Center, an appointment notice is mailed to the applicant with the appointment date and time. If needed, the applicant may call the FSSA Service Center to reschedule the appointment.

4. Are homebound clients allowed to have a phone interview for Food Stamps instead of a face-to-face interview?

Unless a client requests a face to face interview, all applications and redetermination interviews may be completed on the phone.

5. Is there a special way to request an office interview when completing the application?

Applicants are asked to select either a phone or office interview when completing the Indiana Application for Assistance and should select an office interview if that is their preference.

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II. Application Status

1. When an applicant completes the online application, when should s/he check status online or on the phone?

Generally, applicants should wait two weeks after they submit a completed application, or until they receive a Pending Verifications Notice (i.e., a "2032") or an interview



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appointment notice before checking case status online or over the phone.

- 2. Is there a way to find out if someone has applied for Medicaid during the period before the information is available on automated systems?**

The applicant, Authorized Representatives or Registered Agencies may contact the FSSA Call Center to find out if there is a record of an application.

- 3. When contacting the Call Center to check application status, will detail be provided on the specific documents that the applicant needs to provide?**

Yes. An applicant can use the Automated Case Status player available on the Call Center main menu or speak with a Call Center Representative to get a list of specific documents that need to be submitted for the case.

- 4. Are pending verification forms available for applicants and third parties in order to provide services to applicants while an application is pending?**

All clients who are pending an eligibility determination will receive a Pending Verifications Notice (i.e., a "2032"). Additionally, if an applicant needs to provide proof of an application to receive services while an application is pending, a Proof of Eligibility form may be printed or mailed from the online case status or by contacting the Call Center. The policy will remain unchanged as to what third parties may have access to client records if the client has not authorized the third party.

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III. Authorized Representative

- 1. How many Authorized Representatives may be allowed for each applicant or client?**

There may be up to three Authorized Representatives for each program. Authorized Representatives must be individuals, not an agency or organization and have access to benefit information as designated by the applicant or client.

- 2. What happens when more than three Authorized Representative forms are submitted for a client?**

The client needs to maintain current names of who they want to act on their behalf as an Authorized Representative. When more than three Authorized Representatives (for a program) are submitted, the information will be listed in the case notes; however, only the Authorized Representatives documented in the system in the Authorized Representative section will receive case notices if the client indicates the Authorized Representative should receive case notices.

- 3. Do multiple Authorized Representatives receive notices if more than one Authorized Representative is listed for the same role (i.e. being interviewed on behalf of the client) for the client?**

Yes. Multiple Authorized Representatives may receive notices for the same action if the client indicates each Authorized Representative should receive notices.



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- 4. Can an Authorized Representative contact the FSSA Service Center to remove another Authorized Representative (as in the case of a staff or case manager change)?**

The client can remove an Authorized Representative from the case, or an active Authorized Representative may act on behalf of the client to remove an inactive Authorized Representative when the client has indicated the Authorized Representative can act on their behalf.

- 5. Are case-specific, bar-coded Document Coversheets required when submitting Authorized Representative forms?**

No. The Authorized Representative form contains a generic bar-code. Once FAXed to the FSSA Service Center, the Authorized Representative form will be attached to the appropriate case file.

- 6. Do Authorized Representatives assume legal liability or responsibility when they are designated to receive copies of notices? Are they in any way liable for what the applicant reports?**

Authorized Representatives are responsible for the information they provide to the FSSA Service Center. If the client gives information to the FSSA Service Center that is incorrect, the client will be held responsible. Assistance Groups who utilize an Authorized Representative are subject to the same disqualification penalties and possible prosecution as Assistance Groups representing themselves (see Indiana Program Policy Manual section 2005.05.10).

IV. Managing Benefits

A. Change Reporting

- 1. What provisions are in place to prevent fraud if a client leaves a message with a change?**

If the case file reflects that the person making the call is not an official person authorized to make changes on the case, or reports that person no longer lives in the household, the FSSA Service Center will not process the change without additional contact with the client. The burden to update a client's case with the FSSA Service Center lies with the individual client. If the person requesting the change is a member of the case or an Authorized Representative, the change will be processed based on the information provided.

- 2. What is the best way to report a change or check case status if a case is not in the client's name?**

Case information is listed with the benefit payee or the head of household name. An individual or Authorized Representative on the case should know who is identified as head of household for the case.

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B. Hearing and Appeals

- 1. Are appeal hearings still held in the client's home county?**



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Yes. Appeal hearings continue to be held in the client's home county. These hearings will be conducted by phone in most cases, unless the appellant requests a face-to-face hearing.

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C. Redeterminations

- 1. What is the process for redeterminations? Is an in-person interview required for redeterminations?**

An in-person interview is not required for a redetermination. The process is outlined below:

1. An appointment letter (for an Interview) is mailed to the client (clients receiving Hoosier Healthwise or Healthy Indiana Plan benefits only will receive a form to complete and return);
2. An Eligibility Specialist conducts the redetermination Interview on the phone (unless an in-person interview is requested or necessary). After the interview, a redetermination packet (summary information, signature page and pending notice if documents are needed) is mailed to the client (summary and signature pages are not sent to Hoosier Healthwise and Healthy Indiana Plan recipients);
3. The Client signs and mails, or FAXes the redetermination documents to the FSSA Service Center. The FSSA Service Center scans the redetermination documents into the system and the Eligibility Specialist is notified that the redetermination documents are ready;
4. An Eligibility Specialist reviews the redetermination documents for completeness and forwards to a State Worker; and
5. A State Worker determines client eligibility.

- 2. Do clients have to speak with both an Eligibility Specialist and State Worker for redetermination of Food Stamps?**

There is a joint data gathering and interview process. An Eligibility Specialist assists with gathering information from the client for the redetermination. The redetermination interview must be conducted by a State Worker.

- 3. When is a client notified of a redetermination?**

For Food Stamp cases, clients receive a Food Stamp Expiration Notice 45 days prior to the end of the certification period and a scheduling notice six days prior to the scheduled interview time. For Cash Assistance (TANF) and Health Coverage cases, clients receive a scheduling notice six days prior to the scheduled interview time.

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V. Voluntary Community Assistance Network (V-CAN)

- 1. Do organizations join the V-CAN as the new system is implemented in each region? How do organizations sign up to be V-CAN members?**

All organizations are welcome to participate in the V-CAN and they can join at any



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time. A V-CAN Registration Form is available through the FSSA website (www.in.gov/fssa, click on "Eligibility Modernization/Communications" and "How do I become a member of the V-CAN?"). Client support materials, such as client posters and postcards, are provided to Referral and Access Point members shortly before their region starts using the new tools. These materials help V-CAN members inform their clients and assist applicants and clients with the modernization tools as they become available.

2. What type of training and support is provided to V-CAN members?

V-CAN training sessions are held in each region before implementation. The training includes an orientation regarding the different modernization tools such as the online application, online case status and change reporting tools, and the FSSA Call Center. The IBM-led Coalition also provides resources for clients at V-CAN Access Point and Referral member locations, such as an Internet Roll Menu for computers that provide basic online application instructions and Call Center Tip Stands with tips for using the Call Center system.

3. Will the State donate old equipment to V-CAN members?

State surplus rules do not allow for the transfer of State property to anyone other than another State agency. A resource list has been posted to the V-CAN website which lists links to other organizations or nonprofits that recycle old equipment.

4. Is there a monetary incentive to be a V-CAN member?

There are no plans to provide financial compensation to V-CAN members. It is the intention of FSSA and the IBM-Coalition to provide added applicant/client convenience to V-CAN members' clients through access to application tools.

5. Can the V-CAN sites verify original documents and serve as an address for applicants?

IBM-led Coalition and State staff verify documents submitted to the FSSA Service Center. V-CAN members are welcome to assist clients in accessing a FAX machine or other means to send the document; however, they do not verify documents on behalf of FSSA or the IBM-led Coalition. If feasible for the V-CAN member, an applicant or client without a mailing address may use a V-CAN member's mailing address to receive eligibility documents from the FSSA Service Center.

6. The Indiana Client Eligibility System (ICES) is a secure system. What assurances do clients and V-CAN members have that computers used to access the Internet Application are secure?

Client information provided through the Internet application is encrypted and does not reside on the V-CAN member's server. Instead, the information resides on the IBM-led Coalition server, which is secure.

7. Do V-CAN members take over case management responsibilities if an applicant applies at the V-CAN location?

No. The V-CAN member is **not** expected to perform any follow-up related to the application or ongoing services.

8. Is there a difference between being a V-CAN member and subcontractor?

Yes. Subcontractors have a financial and contractual agreement with the IBM-led



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Coalition. V-CAN membership is voluntary and does not require a formal agreement.

9. Are V-CAN members required to turn over client information to the IBM-led Coalition or State?

No. V-CAN members are not asked to submit any information to the IBM-led Coalition or the State.

10. Are there goals of how many V-CAN sites will have Internet, FAX and telephone access in each community?

There are not specific targets for the number of V-CAN Access Points; however, applicants and clients will benefit directly from a variety of sites with some level of access in communities throughout the State. The IBM-led Coalition continually encourages organizations throughout the state to join the V-CAN and offer access to clients.

11. What is an Access Point?

An Access Point is a type of V-CAN member. A typical V-CAN Access Point is a local agency that serves clients who may be eligible for public assistance services such as cash assistance (TANF), Food Stamps or Medicaid. Access Points provide the applicant with access to a phone, computer or FAX machine to submit information related to an eligibility application or manage their ongoing benefits. There is no requirement for an Access Point to provide access to all tools available, nor is there a requirement for an Access Point to serve people in addition to their current client population.

12. Are there mandated business hours for Access Points?

No. There are no set business hours required of a V-CAN member.

13. Do Access Points have a list of all required application documentation?

Applicants and their Authorized Representatives designated to receive notices are notified of the specific documentation required for their application, which will depend on the programs involved.

14. Do Access Points provide their own equipment such as computers and telephones?

Yes. Access Points use their own equipment for applicants and clients to use. However, the IBM-led Coalition has identified several computer reuse organizations that provide low cost or free technology to non-profit organizations. Visit www.in.gov/fssa and click "Eligibility Modernization/Communications" to locate the V-CAN Resource Directory and learn more about the organizations that offer these services.

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VI. Call Center

1. What are the Call Center hours?

The FSSA Call Center operates from 7am to 7pm, local time, Monday – Friday.

2. Is there a time limit for how long a client has to wait on the phone when contacting the FSSA Call Center?

The IBM-led Coalition is required to meet or exceed specific customer service levels,



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called Key Performance Indicators (KPI's). These KPI's are listed within Schedule 10 of IBM's contract with FSSA and can be found at [http://www.in.gov/fssa/files/Schedule_10_Performance_Standards - 11-30-06.pdf](http://www.in.gov/fssa/files/Schedule_10_Performance_Standards_-_11-30-06.pdf). The KPI's will become effective after modernization is implemented statewide.

3. Does the FSSA Call Center schedule interview appointments?

Yes. The FSSA Call Center schedules appointments by phone or in the local DFR offices.

4. Are Call Center staff trained to serve clients with special needs/disabilities?

The FSSA Call Center is equipped to handle calls from clients with special needs/disabilities. Spanish speaking callers are routed to Call Center staff fluent in Spanish. Callers with other language needs other than Spanish are assisted through the use of the AT&T Language Line. TTY technology is used to enable telephone communication with the hearing impaired. All Call Center employees receive training on how to work with persons who have special needs and disabilities.

5. Is there a system to monitor call backs?

In most cases, there is a 24 hour call back business rule in the Call Centers; however, it depends on the reason for the call back (for example, if the issue requires more investigation prior to the call back).

6. What are the roles for staff at the Major and Minor Service Centers?

The six Minor Service Centers handle case documentation, including application processing, redetermination processing, change reporting, and benefit recovery and hearing preparation. In addition, State staff at the Minor Service Centers make eligibility decisions and conduct Food Stamp interviews over the phone when appropriate.

The two Major Service Centers provide all of the services offered at the Minor Service Centers, including having State staff that make eligibility decisions and conduct Food Stamp interviews over the phone for applicants and clients when appropriate. The Major Service Centers also provide telephone application screening and answer applicant/client questions, provide Service Center processing (transferring paper forms into electronic files) and data center processing.

Applicants and clients do not visit the Service Centers in person. When desired or required, in-person visits can be made to the local DFR offices in each county.

7. Are all servers containing client information held in Indiana?

Yes. All servers with client data are housed at the Major Service Center in Grant County, Indiana. Backup servers are located at the Major Service Center in Lake County, Indiana.

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VII. Program Related

A. Hoosier Healthwise

1. How does the Hoosier Healthwise process accommodate women who miscarry?



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The retroactive Medicaid policy has not changed as a result of eligibility modernization.

2. How should Babygrams (used for adding newborns to existing Medicaid cases) be submitted to the Service Center?

FSSA and the IBM-led Coalition developed a "Babygram" form that should be used to add a newborn to an existing Medicaid case. The Babygram form should be FAXed or mailed to the FSSA Service Center. Once the form is mailed or FAXed, it will be attached to the mother's Medicaid case in the system. When submitting Babygrams, do not FAX **and** mail the same form - use one method, either FAX **or** mail. The Babygram form should be used INSTEAD OF the submitting a birth confirmation or announcement to the FSSA Service Center. The Babygram form is available by emailing vcn@us.ibm.com. Babygrams will be processed within 30 days.

3. Can the Hoosier Healthwise applications be used in the new system?

Yes. The Hoosier Healthwise applications (also known as the purple paper applications) may be submitted to the FSSA Service Center by mail, FAX or by dropping off at a local DFR office.

B. Medicaid Waiver Program

1. Will the Central Enrollment Unit (CEU) that processed Medicaid Waiver applications still exist in the new system?

The statewide CEU has been discontinued and is no longer processing cases statewide. Medicaid Waiver cases should be submitted, like others, to the FSSA Service Center by mail, FAX or by dropping off at the local DFR office.

2. Do Vocational Rehabilitation (Voc Rehab) offices help applicants apply for Medicaid Waiver?

Medicaid Waiver applications may be completed at a local Area Agency on Aging (AAA) or a Bureau of Developmental Disability Services (BDDS) office.

3. Are applicants able to check the status of Medicaid Waiver applications on the Internet or through the FSSA Call Center?

Applicants or their Authorized Representatives may check the status of an application on the Internet or by contacting the FSSA Call Center. There are Medicaid Waiver specialists at the FSSA Call Center who can answer questions related to Medicaid Waiver applications and cases.

4. If a client is on Medicaid Waiver and has new spend-down, should the client contact the Call Center to report a change?

Yes, the client or his/her Authorized Representative can report the spend-down expense by contacting the FSSA Call Center or reporting a change online. If more information is required, a follow up call will occur.

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C. Healthy Indiana Plan (HIP)

1. How long does a client have to make the first HIP POWER account contribution?

Once an individual is approved for HIP, s/he has 60 days to make the first POWER account contribution. After 60 days, the individual will be denied.



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2. **Who makes up an assistance group for a HIP case? Does each Assistance Group need an Authorized Representative? If so, will this be eliminated when HIP is integrated with the online application?**

HIP is an individual health plan. Every individual enrolled in HIP has his/her own Assistance Group and each Assistance Group should identify Authorized Representative(s), if needed.

3. **If a client is approved for HIP while a Medicaid disability (MA-D) application is being processed, does MA-D retroactive coverage cover the HIP-enrolled months to cover expenses not covered under HIP?**

MA-D does not replace HIP enrolled months. During the period where the client has HIP coverage, s/he will not be covered for expenses that would be covered by MA-D, but not covered by HIP.

D. Refugee Resettlement

1. **What is the process for Refugee Assistance (i.e., receiving benefits a few days after arrival)?**

Requests for Refugee Assistance are handled by the Refugee Unit. If the refugees are eligible for Expedited Food Stamps, they are able to receive benefits within 7 days if the application and interview are completed, as scheduled, by the applicant. There is no expedited process for Medicaid. However, there is a specialized work group that will process these applications and the FSSA Service Center has developed a special cover sheet for use by refugee agencies that will direct the applications to that group.

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E. Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE)

1. **How is eligibility for CHOICE identified?**

Applications for the CHOICE program are "flagged" in the system. There is a coversheet for the CHOICE program that should be submitted to the FSSA Service Center with the Indiana Application for Assistance. The CHOICE coversheet was distributed by the FSSA Division of Aging to all Area Agencies on Aging (AAAs) to use when mailing or FAXing applications to the FSSA Service Center.

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F. Medicare Savings Program

1. **Are the Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB) applications still accepted in the new system?**

Yes. Applications for QMB/SLMB are handled in the modernized system. Applicants can complete the Indiana Application for Assistance (paper or online) or complete the Medicare Savings Program (MSP) application and submit by FAX or mail to the FSSA Service Center, or drop off at a local DFR office.

2. **When I check the online case status, I notice a reference to Medicare for some clients.**



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What does that refer to?

When checking case status, a reference to Medicare refers to Qualified Medicare Beneficiary (QMB)/Specified Low-Income Beneficiary (SLMB) or Qualified Individual (QI) benefits.

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G. Food Stamp Program

1. What is the process if a client loses his/her Electronic Benefits Transfer (EBT) card?

A client who loses an EBT card will call the EBT Customer Service Automated Response Unit at 1-877-768-5098 toll-free to report the lost card and request a new card.

2. How many times can a client change the EBT card PIN before a cost is incurred?

There is no limit to the number of times a client may change their EBT card PIN and there is no fee associated with changing an EBT card PIN.

3. How do Expedited Food Stamps work in the new system?

If an applicant is identified as potentially eligible for Expedited Food Stamps services during the Internet Screening process, they are instructed to go to a local DFR office. If an applicant is determined eligible for Expedited Food Stamps services, the Electronic Benefits Card (EBT) is authorized at the local DFR office and the EBT card is mailed to the client by the EBT vendor.

4. Is the Internet Screening available for Expedited Food Stamps?

The Internet Screening includes screening for Expedited Food Stamps services. If a client screens for potential eligibility of Expedited Food Stamps services, they can call the FSSA Call Center or visit their local DFR office to request an interview appointment for expedited services.

5. Do local offices issue EBT cards for Expedited Food Stamps on the same day that applicants are interviewed for Expedited Food Stamps?

Benefits are authorized by the local DFR office and an EBT card will be mailed to the applicant by the EBT vendor.

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H. Indiana Manpower and Comprehensive Training (IMPACT) Program

1. How does the IBM-led Coalition increase self-sufficiency?

The IBM-led Coalition assists participants in achieving self-sufficiency through the Indiana Manpower Placement and Comprehensive Training (IMPACT) program. The IMPACT program offers activities and support to improve job readiness skills. IMPACT participants will be enrolled in IMPACT allowable activities such as: Job Readiness training, Life Skills training, Job Search, Community Work Experience Placement (CWEP), Job Skills training, G.E.D., Vocational Education and Unsubsidized Employment.

2. Does Arbor hire staff and where will the offices be located?

Yes. Arbor hires staff for the local offices, which may include some of the former FSSA employees who transitioned to the IBM-led Coalition in March 2007. Arbor staff are



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located in the joint IBM-led Coalition/State offices in the 37 most populous Indiana counties and will serve participants throughout the state.

3. Is post-secondary education considered a step to self-sufficiency in order to receive benefits and exempt a participant from other job training?

Education is counted as work participation to the extent allowed by state and federal law.

4. Is there a program to help ex-offenders gain self-sufficiency?

Currently, the IBM-led Coalition does not plan to offer separate job training and placement programs for ex-offenders; however, ex-offenders will be served whenever they are engaged in IMPACT services. The IBM-led Coalition may consider use of targeted services for special populations if they appear to be needed.

5. What is the IBM-led Coalition's job training approach?

Arbor uses the Vantage curriculum, which is Arbor's proprietary curriculum. Other materials used with clients depend on the participant and the activity.

6. How does the IBM-led Coalition assist in job training and placement?

The IBM-led Coalition administers the IMPACT program as modernization is implemented in each region. Arbor, one of the IBM-led Coalition members, provides direct training services to IMPACT clients and could choose to sub-contract to other service providers, as well.

7. How will the Indiana Eligibility Modernization project improve work participation rates in areas that don't have enough good jobs?

Economic development is a priority in several areas of the state, though it is not directly related to the activities of the IMPACT program. Job developers employed by Arbor will work toward encouraging the development of positions that can assist IMPACT participants in reaching self-sufficiency.

8. Since the State is determining eligibility, is Arbor or a subcontractor going to determine non-compliance and sanctions?

Only State workers make eligibility decisions. Because sanctions are an eligibility decision, State workers make the decision to implement sanctions based on compliance information received from the IBM-led Coalition.

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I. M.E.D Works

1. What is M.E.D. Works?

Medicaid for Employees with Disabilities or M.E.D. Works allows persons with disabilities who work, and have incomes higher than the normal Medicaid guidelines, to be eligible for Health Coverage. Financial eligibility is based a formula for determining countable income. Countable income must not exceed 350% of the federal poverty level.

2. How is an individual eligible for the M.E.D. Works program?



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To apply for M.E.D. Works, an applicant should complete the Indiana Application for Assistance or contact their local DFR office. After an application is submitted, it is screened to determine if the applicant meets the M.E.D. Works eligibility requirements.

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J. Child Care Subsidy

1. Who provides child care referral vouchers for clients?

The child care referral process has not changed and continues to be handled by local DFR offices.

VIII. Division of Family Resources (DFR) Offices

1. What are the specific Local Office locations and who makes decisions about the locations?

Exact locations for local DFR offices in each county are not yet available; FSSA and the IBM-led Coalition are working together on these decisions. The locations are posted to the FSSA website when they are finalized. Go to www.in.gov/fssa, click "Family Resources", select "Where do I apply" and select the county name for the local office address in that county. Additionally, clients are able to contact the FSSA Call Center to find local DFR office locations.

2. Who takes applications in the Local Office?

If a client chooses to apply in a local DFR office, IBM-led Coalition employees complete the intake process in offices in the 37 largest counties. In the 55 counties with smaller populations, offices are staffed by State workers who will conduct the intake process.

3. How many self-service computers are available at each Local Office?

In the modernized system, there are self-service areas in each local DFR office equipped with computers and telephones for applicants and clients to use when applying for or managing their benefits. The number of self-service computers in each Local Office has not yet been determined.

4. Is a Local Office in every county a requirement for the full ten years of the contract?

Yes. The contract requires a Local Office in every county for the 10-year contract period.

5. If clients are uncomfortable using a computer, can they still apply in person?

Applicants are able to get assistance with the computer in Local Offices. In addition to applying online, applicants have the option of printing a paper application in the Local Office or requesting one through the toll-free phone number. In addition to requesting a paper application, applicants have the option of requesting an in-person interview in a Local Office.

6. Is it possible that the caseworkers in specific Local Offices will not be the same people when the new system begins?

As staff members take on new or different duties, it is possible that caseworkers could move to different office locations.

7. How are bus passes handled at the Local Office?



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Bus passes are issued at the Local Offices.

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IX. IBM-led Coalition

1. Who are the IBM-led Coalition members?

The IBM-led Coalition is led by IBM, which handles management of the initiative and the development of the majority of the technology associated with modernization. Other IBM-led Coalition partners include the following:

- a. Affiliated Computer Services (ACS) oversees the day-to-day operations of IBM-led Coalition Service Center facilities and eligibility-related staff within the Service Centers.
- b. Arbor Education and Training administers the IMPACT job training and placement program as well as providing staff in 37 local DFR offices.
- c. RCR Technology Corporation creates and supports the technology related to comparisons of data between ICES and systems administered by outside entities, such as the Indiana Department of Revenue and credit bureaus.
- d. Phoenix Data Corporation performs the duties associated with scanning and cataloging application documents that are made electronic for modernization.
- e. Haverstick implements much of the technology infrastructure, such as networking equipment.
- f. Interactive Intelligence provides the software used for the automated phone system.
- g. Crowe Horwath LLP provides communications and outreach services.
- h. Alpha Rae Personnel provides ongoing staffing needs.
- i. Postmasters provides outgoing mail services.

2. Will computer-generated client notices still exist? If so, will the notices be simplified and easier to read?

The IBM-led Coalition recognizes the value of having clear, easy to read notices from the Indiana Client Eligibility System (ICES) system. As such, during the Modernization, if there is a need to replace any current system-generated notices, the IBM-led Coalition will work with FSSA to improve the format and content whenever possible.

3. Do the IBM-led Coalition members qualify as Indiana companies?

All of the IBM-led Coalition member companies qualify as Indiana companies under the state statute related to the Buy Indiana Initiative (IC 5-22-15-20.5). The categories include those companies that make a substantial capital investment in Indiana or have a substantial Indiana economic impact.

4. Is the IBM-led Coalition open to constructive criticism about the new system, especially during the pilot process?

The IBM-led Coalition encourages feedback from community organizations before, during and after each regional implementation. This feedback is critical to ongoing improvements to the system.



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5. Does the IBM-led Coalition follow the State policies as they exist today?

Yes. The State maintains all responsibility for policy, including policy changes and updates in the future. The IBM-led Coalition will implement future policy changes and may provide policy recommendations as appropriate.

6. How does the IBM-led Coalition make sure that information is provided consistently?

State and IBM-led Coalition staffs receive the same training in policies and procedures to encourage consistency across the state. The State and IBM-led Coalition documented all procedures associated with the application process at the beginning of this initiative to promote consistency.

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